acuter symptoms. There is not in blennorrhagia a tendency to spontaneous cure as in urethritis; the discharge may become permanent, losing, however, its yellow colour, and becoming almost limpid; excess in drinking or coitus causes its rapid reappearance.

Blennorrhagia is always produced by contagion; blennorrhagic pus must be deposited upon the mucous membrane of the urethra; but certain conditions are required to favour the development of the disease—the quantity of pus, its prolonged action, irritation of the urethral mucous lining, &c. An individual having frequent acts of connection with a blennorrhagic female would be sure to contract the disease, when another individual more careful would escape.

During the chronic stage of the disease, there is no danger from fresh infection; but the original disease may acquire increase in intensity.

The author concludes by general remarks in opposition to the statement by M. Ricord, that blennorrhagia may be produced by common, and not specific causes.—*Medical Times and Gazette*, Jan. 7, 1854, from *Gazette Hebdom.* Dec. 1853.

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49. *Polypus of Epiglottis; Spontaneous Separation.*—The following curious case, occurring in Prof. Syme's surgical ward, is related by Dr. Dobie:—

Christina P., æt. 18, admitted September 30, 1852. Patient states that, about ten days before admission, she injured her throat by swallowing a piece of hard crust; after this, she felt some difficulty and pain in deglutition. About a week ago, she experienced a peculiar sensation in the back of the throat, which led her to believe there was some tumour growing there.

On admission, a distinct tumour can be seen and felt, arising near the base, and on the right edge of the epiglottis. The tumour appears to be pediculated, of the size of a small cherry, and the surface is somewhat irregular and marked with yellowish patches of ulceration. To the touch, its consistence seems to be similar to that of a healthy salivary gland.

October 2, 10 A. M. The tumour was to-day very distinctly seen and felt. She complains that it gives her breath an offensive odour, which is very appreciable. A little after mid-day, Mr. Syme examined the throat, and found that the tumour had disappeared, and no doubt had been swallowed.

The point from which the tumour has become detached can be readily seen, and was touched with the sulphate of copper. She was dismissed quite well a day or two afterwards.—*Monthly Journ. Med. Sci.* Oct. 1853.

OPHTHALMOLOGY.

50. *On Change of Sight as Premonitory of Hard Cataract.*—It occasionally happens that persons who were presbyopic, and have used convex glasses, as they advance in years recover natural vision, or even become near-sighted. Mr. W. White Cooper has recently had the opportunity of studying four cases of this description, and has quite satisfied himself that, in them at least, the change from presbyopic to myopic sight was premonitory of hard cataract.

"I have observed," he says, "that myopic persons, who become affected with cataract, increase the power of their glasses to the very highest numbers, even to No. 14. It is often considered that the need of higher and higher glasses, under these circumstances, is a delusion, and that the mere fact of the vision becoming more and more imperfect, leads the patients to seek increased assistance in stronger glasses; yet, as the highest concave glasses diminish objects to almost microscopic minuteness, it was difficult to believe that they really afforded assistance. Observation has, however, led me to believe that the assistance was not imaginary; and the reason is probably this. In all cases of hard lenticular cataract, the crystalline lens becomes closer and denser in structure, and generally rather flattened in shape; but the flattening is in some cases less in proportion than the increase of density. By this increase of density, the refractive power is altered, and consequently the focal distance is shortened; so that a myopic eye, which formerly derived sufficient assistance from lenses Nos. 6 or 8, needs Nos. 12 or 14 for reading, or seeing moderately distant objects.

"To an analogous change[1] I refer many of those singular cases in which old persons lay aside their convex presbyopic glasses, being able to do without them, or find themselves under the necessity of using concave or myopic glasses. The increase in density may be sufficient to counteract the changes which had previously diminished the refractive power, and to restore to the eye its natural focal distance; or it may go a little further, and cause the image to be formed in front of the retina, as in near-sighted persons. Such a change in the density is not necessarily attended with so much diminution of the transparency of the lens as to materially interfere with vision, though I believe the sight is always a little impaired, which the patient properly sets down to the account of old age; but, in many cases, the change goes on; the lens becomes shrunken and amber-coloured; and the patient is sooner or later pronounced to have hard cataract.

"The characteristics of the cases which I have seen have been these. A person, about the middle period of life, has taken to glasses, which have been increased in power as years rolled on. He has numbered perhaps seventy summers, when he finds the high powers less agreeable than the lower, which are resumed; but, after a time, they too, strain the eyes. Perhaps glasses are altogether laid aside, and the fortunate individual receives the congratulations of his friends on his renewed juvenility. In some cases, the sight is far from clear, and objects are held near the eyes to be discerned; accidentally, perhaps, he looks through a concave glass of low power, and is agreeably surprised at finding his sight improved. As these symptoms occur in advanced life, the persons may die before other phenomena present themselves, and the true nature of the case may never be discovered. But if the parties live, the sight, sooner or later, becomes little by little obscured, and the characteristic symptoms of hard lenticular cataract are established. I have often been struck with the slow progress of some of these cataracts. During the last ten years I have, from time to time, examined the eyes of a clergyman who consulted me in 1843, for slight imperfection of vision. In his right lens two small striæ were then visible; in the left lens there were three; the nature of the case was explained to him; he has taken great care of his eyes, and although there is now a general haze in both lenses, he has sufficiently useful vision to perform his clerical duties. Another patient, a physician, has had cataract fully formed in the left eye for six years, and incipient cataract has existed in the right for nearly the same time; but it has been so stationary that he still reads and writes.

"The formation of cataract, then, may be so gradual that it may have made considerable progress before the patient will admit that his sight is much impaired: I have known patients almost angrily protest that their sight was good—not quite so sharp as it used to be, but still very good—when decided cataracts were plainly visible. The fear of the proposition of an operation may lead them to make the best of matters, but there is much self-deception in many cases.

"In the four last cases of sight changed from presbyopia to myopia, which have fallen under my observation, careful inspection, at intervals of two or three months, has traced the change of structure from the first faint indications to the unmistakable characteristics of hard, lenticular cataract; and, as a general rule, such cases should be carefully watched, for it commonly happens that persons who appear to have recovered their pristine sight in the manner described, are disposed to take liberties with it, and to use their eyes more than is prudent. They should be warned against this; for though art can do little directly to arrest the progress of cataract, congestive action of the eyes may be prevented by the patient abstaining from over exertion of those organs, especially by artificial light; and he ought to be careful so to arrange his position, when reading or writing, that the object on which he is engaged should be well illuminated, but the eyes kept in the shade, and protected from the injurious stimulus of heat and glare. He should always use the blackest ink, write a bold hand, and, above all, avoid reading small and indistinct type."—*Assoc. Med. Journ.* Nov. 11, 1853.

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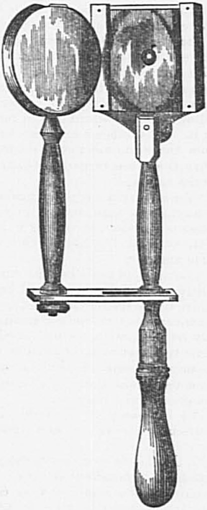
[1] Since this paper was written, I have conversed with a distinguished Viennese ophthalmologist, Dr. Meyer, and find that he had arrived at the same conclusions as myself, as to the nature of the cases in question.

51. *Coccius's Ophthalmoscope.*—Mr. T. Spencer Wells describes (*Med. Times and Gaz.* Sept. 10, 1853) an ophthalmoscope recently invented by Coccius, of Leipsic.

"This instrument consists, as may be seen by the accompanying wood-cut, of a perforated mirror and a lens. The rays of light from a lamp are concentrated by the lens, and thrown on the mirror. This is held before the eye to be examined, and the rays are thrown through the pupil on to the retina. The unabsorbed rays return in the same direction, and are received by the eye of the observer, which is behind the mirror, at the spot where it is perforated.



"In a healthy eye, the part behind the pupil is absolutely dark. Even when the lens and vitreous humour are clear and transparent, no ordinary examination, even when the pupil is dilated, can afford any information as to the appearance of the retina. Without some artificial assistance, we cannot illuminate the retina and also see the illuminated part. The rays of light return from the retina in the same direction as they were thrown on to it, so that we cannot bring our eyes into the direction of the rays of light returning from the retina without at the same time cutting off the supply of those rays. But, by the aid of this instrument of Coccius, the rays are reflected at an angle upon the mirror, are then conveyed to a focus on the retina by the media of the eye, and the unabsorbed rays, on leaving the eye, return to the mirror whence they came, and are also received by the eye of the observer.

"When the instrument is to be used, the pupil is dilated by atropia, if not naturally dilated. The patient is seated in a dark room, near the corner of a table, on which a bright lamp is placed at the level of the eye. The surgeon sits before the patient, and screens the face of the latter by an upright shade, so that the eye is the only illuminated part. Holding the mirror opposite the eye, he then adapts the lens in such a manner that a bright concentrated light is seen to fall on the pupil. Then he applies his own eye to the back of the mirror. The instrument is held at different distances from the eye until a clear view is obtained, and then the patient, by moving his eye in different directions, exposes the different parts of the retina to view. This appears rather difficult at first, but a very little practice enables one to find the proper position of the instrument. When the retina is not clearly seen, although the pupil is well illuminated, a concave glass is interposed between the mirror and the observed eye, by the hand not employed in holding the instrument.

"Examination of the retina in this manner is very interesting. Bloodvessels are first distinctly seen ramifying upon it, and, by tracing them from the smaller branches to the larger roots, we arrive at the point where the optic nerve enters. This differs in appearance from the rest of the background of the eye, as it is not covered by pigment, or a network of vessels, but a sort of transverse section of the nerve here lies open to view, with a few fine vessels passing through it. The arteries and veins of the retina enter and leave near the inner part. Sometimes a portion of the vessels may be seen concealed in the substance of the nerve itself, showing that this substance is transparent during life. The two orders of vessels are distinguishable from each other, as the blood is of a brighter colour in the arteries, and the walls of the latter and their first subdivisions are thicker than those of the veins. Pulsation cannot be distinctly recognized, so far as I have been able to discern, though some observers fancy they can see it. The first divisions of the vessels border the inner side of the optic nerve, and then extend all over the field of the retina. The appearance of the red vessels on the illuminated base is really beautiful. Helmholtz remarks that, close to the inner side of the nerve, he has always remarked a small semilunar strip of shadow, which appears to be from a fold of the retina. This appearance is universal, and is doubtless produced by the plica semilunaris. In most parts of the eye the base appears of a yellowish-red, of a brighter red around the optic nerve, and darker the further we pass from it; not of an equal colour, but as if with small darker patches. The point of direct vision (macula lutea, or foramen of Soemmering) has a peculiar appearance. The eye is directed exactly upon the ray of light, and the retina is seen at that spot to be darker, grayish-yellow, without admixture of red; and no traces of capillary vessels can be seen on it. It is difficult to make this out without practice, because the reflection from the cornea is apt to destroy it; while this reflection does not interfere when the eye is turned to either side for the examination of the lateral portions of the retina.

"As an auxiliary in diagnosis, the ophthalmoscope must prove very valuable, as anything opaque before the retina must mask its vessels. Cloudiness of the vitreous humour, according to its degree, will obscure the view of the vessels of the retina. Opacity of the lens, or of its capsule, would, of course, act in the same manner.

"But it is in assisting the study of the pathology of amaurosis that the chief utility of the instrument will be found."

Mr. Wells further states that "the instrument of Helmholtz is preferable for examining the refracting media, and it possesses the great advantage that it may be used with an undilated pupil without producing much contraction; while the intense light from Kotzius's instrument requires full dilatation, or the pupil becomes closely contracted. But, for the grand object of examining the condition of the retina itself, this latter instrument is very far superior to any other that I have seen."

The intense light from this instrument may, in some cases, we fear, prove injurious to the retina, and we must therefore urge great caution in its use.

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52. *Mydriasis and nearly complete Blindness of a month's duration, cured by Expulsion of Intestinal Worms.* By M. Falot.—That extreme dilatation or immobility of the pupil, and in consequence blindness, complete or partial, is not always dependent on an amaurotic affection, is proved by the following case:—

B——, aged 7, has never suffered from ill health since his first dentition, which was reported to have been very severe; he is of a lymphatic temperament, pale and haggard, his appetite irregular, and he is subject to diarrhœa.

In consequence of indigestion, he was seized, during the night of the 12th of September, 1852, with subsultus tendinum, stiffness of the extremities, alternate tremors of one or several parts of the body, grinding of the teeth, slight delirium. Eight leeches to the mastoid process, assafœtida injection, antispasmodic draught, and poultices to the lower extremities.

The next day, early in the morning, his parents sent for me, as their son had become blind. The face, which was yesterday pale, had now become livid, especially the lips; frontal headache; pulse small and weak; body bathed in sweat; tongue white and moist; belly tympanitic; immobility and enormous irregular dilatation of both pupils, which are as large as the cornea, so that the ciliary processes of the left eye can be plainly seen. The child has recovered consciousness, and complains that he can no longer see objects distinctly. Under the impression that this affection of the sight was caused by the preceding convulsive attack, I directed the renewed application of leeches, two laxative injections, and sinapisms.

In the evening there was slight epistaxis; the cerebral symptoms have disappeared; weakness; slight fever; countenance pale and lead coloured; some mucous vomiting, and nearly complete blindness. Blister to left arm. Sinapisms and injections.

14th. Passed a sleepless night; the pupils are still much dilated; the child (a very intelligent boy) is very uneasy with regard to his sight; no stool since his illness; belly tense, and frequent muscular tremors. Blister to nape; oily injections; mustard foot-bath, and a decoction of helminthocorton (*Corsican moss*); forty-five grammes to one hundred grammes of milk.

15th. Pretty quiet night; three yellow and fetid stools; vision in the same state. The patient and his parents inconsolable.

16th, 17th, 18th. Same condition. Revulsives, irritating frictions, ammoniacal vapour, cauterization with nitrate of silver to various points of the circumference of both corneæ alternately.

20th. Not knowing whether I had to deal with a commencing amaurosis, or mydriasis, symptomatic of a gastric or verminous condition, I made a pinhole in a piece of card, and having put the small opening before the eyes of the patient, he could distinguish large objects with more distinctness. Same treatment to be continued.

23d. I persisted for some days with the cauterization around the cornea. Revulsives, acetic lotions, and vermifuge laxatives for the constipation, which was not usual with the child, as he was naturally very free.

28th. He vomited the food taken in the evening, and expelled two lumbrici by the mouth.

29th. Ten hours after, having taken four doses, of four grains each, of calomel, he expelled, in three motions, twenty-eight other worms by the anus.

At the end of six days he again expelled, by the anus, four of these entozoa, always by means of calomel. The dilatation insensibly diminished, and in a month after the sight had returned to its usual state.—*Dublin Medical Press*, Dec. 28, 1853, from *Revue Thérapeutique du Midi.*

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53. *Uræmic Blindness and Dyspnœa.* By W. H. Walshe, M. D.—Mr. ——, aged twenty-nine, widower, leading a steady and quiet life, has generally enjoyed good health. Ten years ago, he had a peculiar contraction of the right leg, the tendons feeling stiff in the ham. Three years ago, he was ill for a fortnight with sore throat. He has now been ill for upwards of two months. A fortnight ago, boils commenced to form about his body; one, above the left orbit, was followed by great pain on the spot. All of these boils got well; he felt generally ill and depressed, but was improving, when, ten days ago, he found he could not see as usual; the left eye being decidedly the worse of the two. He had no cephalalgia, nor swelling of the face.

Nov. 12. *Present State.* (*a*) He looks depressed, somewhat stupid; has slept badly for last two nights, without bad dreams; spirits low; temper of late rather morose; inclined to talk to himself. (*b*) The skin is pale and sallow; he does not perspire; there is no skin affection of any kind; no distinct swelling about eyelids; he says they are stiff; no swelling of ankles. (*c*) The legs are weak, about equally so; if any difference, the left is the worse (*vide k*). (*d*) Tongue tolerably clean; bowels open from medicine; anorexia. (*e*) Resonance is good under clavicles; no chest symptoms. (*f*) Heart's action is rather too extensively felt; first sound at base and apex rather too clear and full; no murmur at heart (pulse 76); strong venous hum in neck. (*g*) No swollen lymphatic glands. (*h*) Urinary organs patient declares to be in good order; three years ago, however, he had hæmaturia, for which he knew no cause. (*k*) Moderate headache at vertex; no vertigo; no tinnitus; no peculiar sensations of any kind in head; intellect perfectly clear; some stiffness in joints of upper extremities, shoulders most, right and left the same; he squeezes awkwardly with left hand, but about as forcibly as with right; no deviation of tongue; articulation quite distinct; no peculiar sensations in limbs. (*l*) No convulsive movements anywhere. (*m*) Pupils medium sized, round; contract immediately and gently well under light (merely that of the room); then expand a little; the action is not distinctly different on the two sides; no opacity in either eye; no amaurotic look; no photopsia; no muscæ; and no spontaneous pain in the eyeballs; no photophobia, but is pained, he thinks, by continuing the effort to see; he cannot distinguish moderate-sized objects at opposite side of the street; cannot read small print at all; sees better in morning when he gets up, and with strong light; has never had diplopia.

Here, then, was an anæmic person, suffering from boils (which were, as is well known, epidemic at the time), but caring neither for his anæmia, nor his boils, nor the general disturbance of health accompanying these, but solely anxious about the sudden and increasing failure of his sight.

Were the eyes themselves diseased? No opacity could be discovered in either; membranes and humours appeared perfectly transparent. That the cornea, chambers, lens, and its capsule, were free from any change sufficient to explain the symptoms, was, in fact, unquestionable. Again, disease of the retina, producing blindness, if acute, would have been attended with local symptoms, weight and fulness in the eyeball, with throbbing pain, photopsia, change of colour of the irides, &c., and with fever—conditions all of them wanting here. Chronic retinitis is attended with morbid sensibility to light, which our patient did not complain of. It is so infinitely unlikely that tumours connected with the deep-seated tissues of the eye should form simultaneously in both organs, that the idea of their existence here might, almost without examining the globes themselves, be rejected. Disease of the optic nerves, or their sheaths, enlarges the pupil, paralyzes the iris, and very, very rarely attacks both sides simultaneously; it was, therefore, not the cause of the blindness here.

Nor could the case be supposed one of idiopathic amaurosis. The eyes had not the amaurotic look nor expression; there was no lustre of their surface, no rolling or unsteady movements of the eyeballs, and none of the peculiar vacant gaze of that affection. This patient, on the contrary, directing the axes of the eyes appropriately, *looked as if he could see well.*

The least reflection on the condition of the patient's motor and intellectual faculties satisfies us that none of the ordinary affections of the brain could have existed here. Neither meningitis, simple or tuberculous, nor hemorrhage, produce blindness of the type before us; and, though both acute and chronic softening do actually cause impairment of vision on one, or even on both sides, blindness never constitutes the prominent symptom it did here; besides, all other evidences of softening were deficient.

But it was not so easy to exclude tumour of the encephalon. For not only has blindness, more or less complete, been a frequent symptom in cases of intra-cranial morbid growth, but actually, next to cephalalgia, their most, or nearly their most, frequent symptom. This is true of tumours of the cerebrum, cerebellum, pons, and pituitary gland; a circumstance showing, by the by, the vainness of the attempts to diagnosticate the seat of a cerebral tumour, solely through the perversion of special senses. It is true that there was no cephalalgia of note in this instance, but cephalalgia may be absent from first to last, even in protracted cases; and we might have been at the commencing period of the formation, at which period, there is every reason to believe, if not to be absolutely certain, the head is often free from pain. Intra-cranial tumour was, therefore, by possibility the cause of the failure of vision in this patient.

But, again, there are cases on record, tending to show that injuries to the supra-orbitar nerve may produce obscurity of vision, nay, complete blindness. It is true that some observers hold that, in all such alleged cases, there has in point of fact being concussion of, or other injury to, the eyeball itself; but the weight of the evidence seems to me decidedly in favour of injury to the branch of the fifth nerve named sufficing to impair vision. Now the patient had had no traumatic mischief done to his eyebrows, it is certain; but he had had a boil there, the source of much pain and irritation; and it seemed an admissible hypothesis that the local inflammation might have acted the part of a wound in the spot. It is alleged that the nerve of one side only being implicated, the eye of the other has suffered by sympathy.

It was certain the patient had not been taking any of the drugs—belladonna, aconite, stramonium, &c.—which injure sight.[1] Besides, the pupils were not dilated.

Hæmic or blood diseases (I use the adjective as more euphonious) are many of them, more or less constantly, attended with perverted vision. Now our patient was anæmic to a high degree; but I could not admit this to be the cause of his blindness; for, though impairment and perversion of sight often attend this state, they never, as far as I know, do so to the extent observed here; they never constitute the prominent enduring symptoms of the state. But anæmia might here be fairly taxed with increasing the blindness, though *essentially* otherwise caused.

But however plausible it might have appeared to refer the imperfect sight either to encephalic tumour, or to implication of the frontal nerve, examination of the urine, a few days later, furnished a much more satisfactory clue to the symptom. The fluid was highly albuminous. We now ascertained from relatives that the daily amount was small (a fact previously denied by the patient). A few days later, the eyelids were distinctly, though very slightly, œdematous; the ankles remained free from dropsy throughout. The most active measures failed to produce any secretion from the skin, which continued to the last day dry and harsh.

Between this period and that of the patient's death, on the 29th of November, one or two circumstances occurred worthy of note. The hydrochloric acid test succeeded strikingly; the expired air gave thick opaque fumes; but in this instance, as in many we have seen in the wards together, the breath was of strongly urinous odour—a state quite as significant of uræmia, as an affirmative result by Frerichs's test. For several days before his decease, the patient had *uræmic dyspnœa*, as I would call it—a dyspnœa evidently depending on the morbid state of the blood; for there was no pulmonary nor cardiac affection to explain it; the percussion sound was excellent everywhere; there was no rhonchus, no serious alteration of the respiration sound, and no cardiac disease. The pulse-respiration ratio averaged, during this time, 3:1, both pulse and respiration being, absolutely speaking, very frequent, namely, 120 and 40. But there was an amount of breathing distress materially greater than attends a respiration of forty per minute; to this the poisoned blood was the apparent clue.

Now, remarkably enough, this patient remained, almost to the last moment, free from the more ordinary effects of uræmic poisoning. The brain and cord gave no sign of suffering; his intellect continued clear; there was neither delirium nor sopor; and convulsions did not occur. This dissection of the effects of the kind of poisoning in question is not uncommon; the brain and vision may alone be affected; or the vision, the functions of the spinal cord, and those of the brain may suffer simultaneously.—*Assoc. Med. Journ.* Nov. 18, 1853.

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54. *Effusion of Blood into the Vitreous Chamber of the Eye.*—Mr. James Dixon records (*Lancet*, Jan. 28, 1854) four cases of this rare affection.

Case I.—William L——, a clerk, aged 16, of fair complexion, and rather slender make, came to me, Nov. 19, 1844, complaining of almost total blindness of the left eye, which, he said, had come on suddenly about two months previously. Vision was limited to the perception of well-lighted surfaces; a sheet of paper appeared "like a whitish cloud;" dark objects, even of large size, were not seen at all. The iris of the right eye, the sight of which was perfect, was light blue; that of the left had a greenish tint, the pupil being rather sluggish in its movements, but still influenced by exposure to light. Beyond these slight changes in the iris, I could detect nothing abnormal about the eye until

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[1] Perry, U. C. H., Males, vol. ix. p. 105, admitted January 6, 1853, after taking half an ounce of salts of lemon, had considerable deficiency of sight, when seen eighteen hours later.

I dilated the pupil with atropine, and then, on looking attentively into the space beyond, I noticed an indistinct reddish appearance at the lower part of the vitreous chamber. By concentrating light on this spot with a convex glass of one inch focus, a clot of florid blood was distinctly seen, lying just beneath the crystalline lens. I had this patient under observation about two months, during which time no perceptible change took place either in the size of the clot or the brightness of its colour; and three months later, I learned that the sight of the eye was still unimproved. I could not ascertain that the patient's health had been noticeably out of order at the time the loss of vision occurred, nor could he recollect having suffered pain either in the head or eye.

Case II.—Abraham H——, aged 20, came to me from the country, on the 3d of June, 1847, in consequence of having discovered, seven weeks previously, that he could not discern objects with the left eye, mere perception of direct light being retained. He had suffered from iritis in the right eye more than a year ago, and there were several points of old adhesion between the iris and capsule, but the sight was still pretty good. It was by closing this eye that he accidentally discovered the loss of sight in the other. He had had no blow, nor could he remember having suffered any pain in the left eye, the appearance of which was perfectly healthy, and the iris active. I dilated the pupil with atropine, and then found that nearly all the back part of the vitreous chamber was occupied by a bright red clot, the greater portion of which was fixed, but the rest loose, and floating to and fro in the vitreous humour. As the patient returned to the country after a second visit, I had no opportunity of watching the progress of the case.

Case III.—Mary S——, aged 35, a sickly, anxious-looking woman, applied to me in May, 1845, on account of almost total blindness of the right eye. The only morbid appearance I detected on her first visit was a sluggishness in the movements of the iris, the pupil being permanently more dilated than in the left eye. A very indistinct reddish reflection from the vitreous chamber induced me to apply atropine, and as soon as the pupil was freely dilated, a clot of blood was seen lying at the bottom of the eye, part being fixed, and part floating loosely in the vitreous body, as the eye was turned from side to side. Three years previously the patient had suffered much mental distress from the death of her husband and three children in rapid succession. About the same time she was troubled with a cough, which increased in violence, and was sometimes attended with spitting of blood. In the spring of 1844 the sight of the right eye began to grow dim, and in the course of six months it was reduced to mere perception of light. Frequent headache, and an appearance of black spots before the eye, accompanied the failure of sight.

Case IV.—Mrs. C——, aged 51, consulted me Oct. 9, 1849. About the beginning of August she had been attacked with intense neuralgia throughout the fifth nerve on the right side, which, for three nights, almost deprived her of sleep. Mustard poultices repeatedly applied to the side of the face relieved the pain considerably. After this attack she used to feel languid, and by the evening was sometimes quite fatigued; but in other respects she seemed pretty well, her appetite being good, and bowels regular. Towards the end of August she used to notice, when in bed, bright colours passing in continuous streams before the right eye; by day she saw well with it, and could even read. Two weeks later, on closing the left eye, she found she could only see parts of objects with the right. At the time of her visit to me, her general health was pretty good; she no longer saw colours passing before the right eye, but there was occasionally a dull aching pain in the globe. The left eye exhibited nothing remarkable except that the iris was prominent, and almost in contact with the cornea. The pupil acted, but not very briskly, and the sight was good both for near and distant objects.

In the right eye the sclerotic had a dirty yellowish, or faint olive tint, a little lighter than that seen in the first stage of staining with nitrate of silver. Thinking that the stain might be the remains of ecchymosis, I asked whether there had been any appearance of this eye being "blood-shot;" but she said, "No." The pupil was rather dilated, and unaffected by light. She saw pretty well all objects placed below the level of the eye—even the type on a printed page was recognized as black lines—and by throwing the head well back she could see a name across the street as a white streak on a black ground. On looking at a person's face on a level with hers, she only saw the chin, all the other features being hidden by a dark cloud which seemed always hanging over her head.[1]

In a certain light I noticed a dull red glow from the bottom of the eye. I fully dilated the pupil with atropine, and then a clot of blood became distinctly visible behind the lens, at the bottom of the vitreous chamber. The mass was hemispherical, and its summit, which rose as high as the middle of the pupil, had a slightly grayish tint, while its anterior slope was of a decided red. It appeared to consist of an effusion of blood beneath the retina, which being thereby raised from its natural position, formed a thin grayish investment to the smooth, rounded surface of the clot.

55. *Cancerous Tumour of Conjunctiva; Extirpation of Eye.*—Dr. W. M. Dobie relates the following case which occurred in the surgical ward of the Royal Infirmary, under the care of Prof. Syme:—

John D., æt. 50, Galashiels, admitted November 3, 1852, on account of a tumour, about the size of a small bean, growing from the conjunctival surface of his left eye, midway between the external canthus and the junction of the sclerotic with the cornea. The tumour is of a bright red colour, and has a smooth, glistening, lobulated surface. He states that he first observed the tumour about twelve months ago; it was then about the size of a small pea; it had increased nearly to the size it is at present at the end of two months. He then applied to Professor Syme, who expressed his conviction that the nature of the tumour was malignant, and that, in the end, the removal of the eyeball would be requisite. Mr. Syme, however, cut off the tumour, thinking it better, in the meantime, to try the effect of removal before resorting to the more severe procedure. He returned in six weeks, the tumour having again nearly attained the size of a large pea. Caustic was applied by the resident clerk. Six weeks after this, the tumour was removed by Dr. M'Dougall, of Galashiels; and again, in six weeks, this operation was performed for the fourth time by Mr. Walker, who recommended that caustic should be occasionally applied.

Three weeks before his admission, Mr. Mackenzie, of Glasgow, saw the patient, and advised the extirpation of the eyeball. At present, he suffers a good deal of pain in the eye, and the vision of both eyes is considerably affected.

November 10. Mr. Syme removed the eye with a pair of curved scissors. A single point of suture was applied at the external canthus. The cavity of the orbit was stuffed with lint, which at once restrained the hemorrhage. A pad of wet lint, kept in position by a turn of bandage, was applied over the eyelids.

15*th*. Suppuration being now fully established, the stuffing of lint was removed—this was done with facility. He has no pain in the wound, and the sight of his right eye is much improved.

22*d*. Discharged quite well.—*Monthly Journ. Med. Sci.* Oct. 1853.

[It is premature, we conceive, to pronounce this patient to be cured. Time must determine this. A representation of the tumour before removal, and of its microscopic appearance is given.—Ed.]

56. *Pathological Remarks on the kind of Palpebral Tumour, usually called in England Tarsal Tumour.*—Mr. Haynes Walton, in a paper read befor the Royal Medical and Chirurgical Society (Jan. 24, 1854), after pointing out the very obscure manner in which the subject of tumours of the ocular appendages is treated by writers, gave a description of the external characteristics of such tumours, and proceeded to describe the intimate structure of one that he had removed from the living body. It consisted, externally, of a dense fibrous cyst, continuous with the fibrous tissue of the lid; within this was a layer of fibro-plastic matter, soft, pink, and very vascular, composed of fibro-plastic cells, with very little intercellular matter; within this, a thin pellucid cyst, con-

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[1] This affords an illustration of the well-known fact that the lower part of an object is perceived by the upper part of the retina, and *vice versâ*.

taining a puriform fluid, with epithelial cells, loaded with oil, and in the centre a perfectly round pellet of sebaceous matter. In conclusion, the author suggests the following order of development: 1. The formation within a Meibomian follicle of a pellet of hard sebaceous matter. 2. The secretion of a more copious epithelium and fluid matter around. 3. The addition of fibro-plastic matter around the obstructed gland, follicle distending the loculus of fibrous membrane into a cyst. This, with frequent dissections of other tumours, were illustrated by accurate drawings. The author suggested the name of Meibomian tumour to be applied. In a postscript to his paper, Mr. Walton recommends, that when such tumours take an outward course, it is better to open them, squeeze out the contents, and extract the cyst. If the incision be made horizontally, there is no danger of a scar.—*Med. Times and Gaz.* Feb. 4, 1854.

MIDWIFERY.

57. *An Account of Seventeen Cases of Parturition in which Chloroform was inhaled with pernicious effects.*—Dr. Robert Lee read before the Royal Medical and Chirurgical Society an account of seventeen cases of parturition in which chloroform was inhaled with pernicious effects. In the cases related, the injurious effects of the inhalation of chloroform were as follows: In seven cases, insanity and great cerebral disturbance followed its exhibition. The use of the forceps was rendered necessary in five cases. In two, the contractions of the uterus were arrested, and the operation of craniotomy was performed. Peritonitis or phlebitis ensued in four cases. Epilepsy or dangerous fits of syncope supervened in two instances. Many analogous cases had been confided to the author by friends; and public rumour swelled the size of the chapter of accidents; but he wished merely to give accounts of those which had come under his own observation. The author strongly animadverted upon the levity and thoughtlessness which had accompanied the use of this subtle and dangerous poison. Soon after its discovery, before the amount of its power, and even its composition, had been fully understood, he had been horrified by the announcement of its application to midwifery, and he then prophesied that deplorable results would ensue—a prognostication which experience had unhappily proved to be correct. It was natural that women, doomed to bring forth their young in pain and sorrow, should seek every means by which they might palliate the anguish they suffer; and instances related in which the process of parturition had been effected without pain, served to render nugatory the unwelcome admonitions of those who pointed to the evils that might occur. The author expressed his opinion, that the most serious effects which arose from the inhalation of this agent, were first, languid and inefficient uterine contractions; secondly, a greater susceptibility to the risks that arose from inflammation and fever. In spite of the fact, that grave and experienced physicians had expressed their concurrence with the author's views, yet the question whether chloroform should be inhaled had become almost extra-professional; as silly and ignorant women of fashion chose to set the example of using it, the cause of science and humanity thus being in the hands of the most weak and frivolous portion of the community; and, as there was a systematic concealment of the truth by the physicians who used it, he feared that young and inexperienced mothers would still be lured to their destruction. In conclusion, the author expressed a hope that his essay might tend to rescue the profession from the dominion of an ignominious and disgraceful practice.

Dr. Snow regretted that Dr. Lee had indulged in such severe remarks as those which occupied the concluding portion of his paper, more particularly as he felt great admiration for the talent displayed in the essay, and great respect for the honest and manly spirit that caused the author to attack anything which he considered injurious either to a patient under treatment, or to the cause of science generally. Dr. Lee certainly had related the history of several distress-